

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90404 003 \*\*\*150.00

**DOCUMENT # V17448**

1. Entity Name

LAW OFFICES OF ANTHONY B. BORRAS, P.A.



Principal Place of Business

5950 W. OAKLAND PARK BLVD.  
SUITE 205  
LAUDERHILL FL 33313

Mailing Address

5950 W. OAKLAND PARK BLVD.  
SUITE 205  
LAUDERHILL FL 33313

2. Principal Place of Business

500 SE 6<sup>th</sup> ST

3. Mailing Address

500 SE 6<sup>th</sup> ST

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

FORT LAUDERDALE FL.

City & State

FT LAUDERDALE FL

Zip

33301

Country

BROWARD

Zip

33301

Country

BROWARD



MOORE

CR2E034 (11/03)

4. FEI Number

65-0315248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BORRAS, ANTHONY B.  
5950 W. OAKLAND PARK BLVD.  
SUITE 205  
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name

SAME AS BEFORE

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P BORRAS, ANTHONY B. ☒ Delete  
NAME  
STREET ADDRESS 5950 W. OAKLAND PARK BLVD., SUITE 205  
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE P BORRAS ANTHONY B. ☐ Delete  
NAME  
STREET ADDRESS 500 SE 6<sup>th</sup> ST SUITE 101  
CITY-ST-ZIP FORT LAUDERDALE FL. 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony B. Borras  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

954 730 8989